



Form No. 102  
Revised January 1993

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR - GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5c, 5d and 19a.)

Province CEBU Registry No. 97 33707  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
NIWA JANE GERTOS SORELA

2. SEX 1. Male X 2. Female  
3. DATE OF BIRTH (day) (month) (year)  
19 DEC 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
BINALIW CEBU CITY CEBU

5a. TYPE OF BIRTH 1. Single X 2. Twin  
3. Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS  
1. First 2. Second  
3. Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery)  
(first, second, third, etc.) 1st  
d. WEIGHT AT BIRTH  
3,100 grams

6. MAIDEN NAME (First) (Middle) (Last)  
CATHERINE LORA GERTOS

7. CITIZENSHIP FILIPINO 8. RELIGION R.C.

9a. Total number of children born alive: 1  
b. No. of children still living including this birth: 1  
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEKEEPER 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
BINALIW CEBU CITY CEBU

13. NAME (First) (Middle) (Last)  
LEDNIDO VILLAMOR SORELA

14. CITIZENSHIP FILIPINO 15. RELIGION R.C.

16. OCCUPATION EARNER 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
OCTOBER 17, 1996 @ RATO, LEYTE

19a. ATTENDANT  
1. Physician X 2. Nurse  
3. Midwife  
4. Healer (Traditional Midwife) 5. Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 5:10 o'clock am/pm on the date stated above.

Signature [Signature] Address BINALIW, CEBU CITY  
Name in Print SUSANA COSIDO  
Title or Position TRADITIONAL MIDWIFE Date JAN. 2, 1998

20. INFORMANT  
Signature [Signature] Address BINALIW, CEBU CITY  
Name in Print LEDNIDO SORELA  
Relationship to the child FATHER Date JAN. 2, 1998

21. PREPARED BY  
Signature [Signature]  
Name in Print MARIA TERESA P. FERNANDEZ  
Title or Position P.H.U.  
Date JAN. 2, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print EVELYN A. ABADILLA  
Title or Position CLERK  
Date JAN 06 1998

For OCRO USE ONLY  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 97 02 19 97

48 1

49 2 50 0 0 0 0 0 0

56 0 0 0 0 0 0

61 1

62 0 1 0 1 0 0 64 0 1 0 1 0 0

68 1 69 1

70 0 1 72 0 1 74 0 0

76 2 20 78 2 1

81 2 6 1 7 8

86 1 87 1

88 6 1 9 89 2 8

93 1 10/17/96  
37088

94 4 01/06/98

02700-FB-400BSB-00201-BI001

BEST POSSIBLE IMAGE



BReN  
02217-A97ZKON-8

[Signature]  
CARMELITA N. ERICTA